



## REQUEST FOR INFORMATION

In order to keep our records current, please complete and return this form to our office as soon as possible.

Please check **all** that apply:

\_\_\_\_\_ I am enrolled in a ADN/BSN (please circle one) program and expect to graduate:  
\_\_\_\_\_ (Month/Year) (Attach enrollment verification/class schedule)

\_\_\_\_\_ I am not currently enrolled in a BSN program. I anticipate enrollment in a BSN program during the \_\_\_\_\_.

(Semester/Year)

**(KEEP IN MIND THAT YOU ARE REQUIRED TO COMPLETE YOUR BSN DEGREE WITHIN FIVE YEARS OF COMPLETING YOUR ADN DEGREE.)**

\_\_\_\_\_ I am currently employed as a \_\_\_\_\_ at \_\_\_\_\_  
(Position Title)  
\_\_\_\_\_. (If you have not done so already,  
(Name of Facility) please attach employment verification.)

\_\_\_\_\_ I am not currently employed.

\_\_\_\_\_ None of the above apply to me. (Please state your current academic and/or employment status. Continue on the back of this page if necessary.)

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☐

**Address/telephone number change.**

(Please print or type)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

**Please provide current E-mail address below.** (Please print or type)

\_\_\_\_\_  
Would you like to receive correspondence via E-mail?

Yes ☐

No ☐

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please contact our office at (800) 773-1669, if you have any questions regarding this form.**